

Dat City Clerk's Office

MAR 28 2018

Please type or print in ink.			RECEIVED
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Chua	Evelyn		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if applicable		Your Position	
Planning Commission		Alternate Member	
► If filling for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency: NA		Position: P/A	
2. Jurisdiction of Office (Check at least one	box)		
State		☐ Judge or Court Commissioner (Star	tewide Jurisdiction)
Multi-County		County of	
City of Milpitas		Other	
3. Type of Statement (Check at least one box			
Annual: The period covered is January 1, 201	•	Leaving Office: Date Left	1 1
December 31, 2017.	, anough	(Check one)	
The period covered is//. December 31, 2017.	, through	The period covered is January leaving office.-or-	1, 2017, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. Schedule Summary (must complete) Schedules attached	► Total number of	of pages including this cover pag	ye:
☐ Schedule A-1 - Investments – schedule atta	ched	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule atta	ched	Schedule D - Income - Gifts - schedule a	attached
Schedule B - Real Property – schedule atta	ched \square	Schedule E - Income - Gifts - Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on any			
5. Verification 929 COVEN	IKY WAY	STATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	•
929 COVENTRY WAS	Milpitas	E-MAIL ADDRESS	95035
(408) 728-2436		CHUALEVELYN @ GI	•
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			wledge the information contained
I certify under penalty of perjury under the laws	of the State of Californi	a that the foregoing is true and correct.	0 0
Date Signed 3 - 27 - 18	Sig	mature Aulyh Q	Thuc
(month, day, year)	·	(File the originally signed stateme	nt with your filing official.)



Date City Clerk's Office

MAR 1 2 2018

RECEIVED

Please type or print in ink.			RECEIVE
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ciardella	Lawrence		·
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if applicable		Your Position	
Planning Commission		Commissioner	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least o	ne box)		
State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	·
☑ City of Milpitas		Other	women to the terminal of the t
3. Type of Statement (Check at least one by	novi		
Annual: The period covered is January 1, 2		Leaving Office: Date Left	1 1
December 31, 2017.	orr, unough	(Check one)	
The period covered is/	, through	 The period covered is Januar leaving office. -or- 	y 1, 2017, through the date of
Assuming Office: Date assumed		The period covered isthe date of leaving office.	/, through
Candidate: Date of Election	and office sought	if different than Part 1:	
4. Schedule Summary (must complete	e) ► Total number	of pages including this cover pa	ge:
Schedules attached	-, retai namee	or pages meraamy and serior page	y · · · · · · · · · · · · · · · · · · ·
Schedule A-1 - Investments – schedule a	ttached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule a	ttached	Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property – schedule a	ttached	Schedule E - Income – Gifts – Travel Pa	yments - schedule attached
-or-			
None - No reportable interests on a	ny schedule		
5. Verification	OLTV	CTATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY .	STATE	ZIP GODE
034 Jantos Ct	Milpita		95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(408) 262 9097 I have used all reasonable diligence in preparing t	his statement. I have revie	wood this statement and to the hest of my kn	owledge the information contained
herein and in any attached schedules is true and	complete. I acknowledge	this is a public document.	
I certify under penalty of perjury under the law	vs of the State of Califor	nia that the foregoing is true and correct	
Durate Mand 5 2018	_	in a division of the second of	ORD THE TAXABLE STATES AND THE STATE
Date Signed		ignature (File the originally signed statem	ent with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

riginal 2. fills w/FPPC DaGityiGlerkos FOFFIYOS MAR 01 2018

Please type or print in ink.				RECEIVE
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Madnawat	Rajeev			K
1. Office, Agency, or Court			A Marian Carlo Car	
Agency Name (Do not use acronyms)		*		
City of Milpitas				
Division, Board, Department, District, if	applicable	Your Position		
No for \$45,000 per 900 bullion bullion or six makeless conference and accompanies and accompanies and accompanies	оправления на получения на принцения на принцения на принцения на принцения на принцения на принцения на принц	Planning Com	missioner	
▶ If filling for multiple positions, list be	ow or on an attachment. (Do no	ot use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check	at least one box)			
State		☐ Judge or Court Co	ommissioner (Sta	tewide Jurisdiction)
Multi-County		County of		
City of Milpitas		Other		
3. Type of Statement (Check at I	east one box)			
Annual: The period covered is Ja December 31, 2017.	inuary 1, 2017, through	Leaving Office: (Check one)	Date Left	JJ
The period covered is December 31, 2017.	, throu	gh	overed is January	1, 2017, through the date of
Assuming Office: Date assumed		The period co the date of le		, through
Candidate: Date of Election	and office so	ught, if different than Part 1:		
4. Schedule Summary (must of Schedules attached	complete) ▶ Total num	ber of pages including to	his cover pag	ie:
Schedule A-1 - Investments -			•	Positions – schedule attached
Schedule A-2 - Investments - Schedule B - Real Property -		Schedule D - Income - (ittached iments – schedule attached
=Of=	Solloudio attauriou	outredule E - mcome - c	nns — Haveiray	ments - scriedule attached
☐ None - No reportable interes	ests on any schedule			
5. Verification			e de la composición	
MAILING ADDRESS STREET	CITY	/	STATE	ZIP CODE
(Business or Agency Address Recommended - Po	•	pitas	CA	95035
16 Corning Ave, Ste 136 DAYTIME TELEPHONE NUMBER	IAM	E-MAIL ADDRESS		9003
(408) 905-6161		rajeevx@gmail.com		
I have used all reasonable diligence in herein and in any attached schedules is	preparing this statement. I have some strue and complete. I acknowle	reviewed this statement and to the document.	ne best of my kno	wledge the information contained
I certify under penalty of perjury und	der the laws of the State of Ca	lifornia that the foregoing is tr	ue and correct.	
Date Signed 02 28 201	8	Signature	ab	
(month day w	ear)	1	rininally signed stateme	nt with your filing official)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Rajeev Madnawat	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Cisco Systems	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
IT/Telecom Equipments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 3 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 17 / 17	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	P TANKE OF BOOKESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INDECTMENT	MATURE OF ANDEOTARE C
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 17 , , 17
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
4 100	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIF	ORNIA	FOR	$\mathbf{M} = \mathbf{M}$	
FAIR POL	TICAL PI	RACTICE	S COMM	ISSION
Name		de 2017 196 - 618		1000000

Rajeev Madnawat

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
CaseFox, Inc.	Madnawat Law Office
Name	Name
16 Corning Ave Ste 136, Milpitas, CA 95035 Address (Business Address Acceptable)	16 Corning Ave, Ste 136, Milpitas, CA 95035
Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Website/Online Software	Law Practice
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S0 - \$1,999 52,000 - \$10,000 - 7,717 / 17	\$0 - \$1,999
\$2,000 - \$10,000 \$ 10,000 \$ ACQUIRED DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Corporation	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership 🔀 Sole Proprietorship 🗌Other
YOUR BUSINESS POSITION Shareholder	Volum Buginges Begggigt Owner
	YOUR BUSINESS POSITION OWNER
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
\$0 - \$499 3 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000	S500 - \$1,000 OVER \$100,000
☐ \$1,001 - \$10,000 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$1,001 - \$10,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT
	16 Corning Ave Ste 136, Milpitas CA 95035
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
	16 Corning Ave Ste 136 Milpitas, CA 95035
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000 <u></u>	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED 1 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold	Leasehold 5 Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
'	

Comments:_

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Rajeev Madnawat

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CaseFox, Inc.	Cisco Systems
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
16 Corning Ave, Ste 136, Milpitas, CA 95035	150 W Tasman Drive, San Jose, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Internet based software	IT equipments
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Shareholder and Officer	IT Engineer
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, bost, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other
Leading) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	(Describe)
* You are not required to report loans from commercial ler retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
	% None%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	On a prince of
\$500 - \$1,000	City
\$1,001 - \$10,000 	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION Name	
Rajeev Madnawat	

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Madnawat Law Office	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
16 Corning Ave, Ste 136, Milpitas, CA 95035	ADDITIEGO (Basilloss Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Office	BOSINESS NOTIVITY, II ANT, OF SCONCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	TOOK BOSINESS FOSTION
Owner	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
	termal 1
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
> 2. Loans received or outstanding during the reporting perio	OC.
You are not required to report loans from commercial len- retail installment or credit card transaction, made in the le- members of the public without regard to your official stati regular course of business must be disclosed as follows:	us. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
U OVER \$100,000	Other(Describe)
	(2000 bd)
Comments:	



Date Initial Filing Receive
Office City Clerk's Office

MAR 02 2018 Please type or print in ink. RECEIVED (FIRST) NAME OF FILER (LAST) Ray Maglalang 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of _____ ☐ Multi-County _ ★ City of Milpitas Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ______ (Check one) December 31, 2017. O The period covered is January 1, 2017, through the date of The period covered is ______, through leaving office. December 31, 2017. O The period covered is _______, through the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: ___ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 95035 CA Milpitas E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Stgnature

(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS City Clerk's Office

COVER PAGE

MAR 1 4 2018

Please type or print in ink.		R	
NAME OF FILER (LAST)	(FIRST) Sudhii		(MIDBLE)
Mandal			
1. Office, Agency, or (
Agency Name (Do not use	e acronyms)		
City of Milpitas	A District Manufacture	Very Dealties	20 Land Service Servic
Division, Board, Departmen		Your Position Commissioner	
Planning Commissio	ON	Commissioner	
► If filing for multiple posit	tions, list below or on an attachment. (Do	not use acronyms)	
Agency:		Position:	
2. Jurisdiction of Offi	ICE (Check at least one box)		
State	,	☐ Judge or Court Commissioner (State	ewide Jurisdiction)
── Multi-County		County of	
-			
Z-J Oity of			
3. Type of Statement	(Check at least one box)		
December 3	covered is January 1, 2017, through 1, 2017.	Leaving Office: Date Left/. (Check one)	J
-or- The period of December 3	covered is/, thi 1, 2017.	rough O The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Da	ate assumed	The period covered is/_the date of leaving office.	, through
Candidate: Date of E	Election and office	sought, if different than Part 1:	
4. Schedule Summar	y (must complete) ► Total no	umber of pages including this cover page	e: <u> </u>
Schedules attach	ed		
Schedule A-1 - In	vestments – schedule attached	Schedule C - Income, Loans, & Business H	Positions – schedule attached
Schedule A-2 - In	vestments – schedule attached	Schedule D - Income - Gifts - schedule at	ttached
🔀 Schedule B - Rea	I Property - schedule attached	Schedule E - Income - Gifts - Travel Payr	ments - schedule attached
-or-			
☐ None - No report	table interests on any schedule		
5. Verification MAILING ADDRESS	55 E. CALAVERAS BLV	D MILPITAS CA	95035 ZIP CODE
(Business or Agency Address Re	commended - Public Document)		05005
H55 E. C	ALAVERAS BLVD	Milpitas CA Te-MAIL ADDRESS	95035
(408) 464	1-2538	L-WAIL AUDINESS	
	diligence in preparing this statement. I had schedules is true and complete. I ackno	we reviewed this statement and to the best of my knowledge this is a public document.	wledge the information contain
I certify under penalty of	f perjury under the laws of the State of	California that the foregoing is true and correct.	
Date Signed3	-11-2018	Signature	J. Jungumung
<u> </u>	(month, day, year)	(File the originally signed statemen	t with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FO	
FAIR POLITICAL PRACTI	CES COMMISSION
Name	
SUPHIR	MAXIDAL

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name ANDAL SYSTEMS CONSULTING Name DO KEVENAIDE DOINE Address (Business Address Acceptable) MELPITAS, CA	Name
Address (Business Address Acceptable) MII 0 7745	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BRUPERTY MANAGEMENT, SYSTEMS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole ProprietorshipOther	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITIONOLD NER	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
!NCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Maries listed bolow	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	EDDC Form 700 (2017/2018) Sch. A-2

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA	FORM 700
	ACTICES COMMISSION
Name	
SUDHIR	MANDA

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1327 DANNIEL CT.	
CITY	CITY
MILPITAS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
JOSE GONZALEZ	
1	The state of the s
You are not required to report loans from commercial	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of bus	iness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
NAME OF LENDER	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Chate Initial Filling Received

COVER PAGE

MAR 08 2018

Please type or print in ink.			RECEIVED
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
MOHSIN	ZEYA		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Division, Board, Department, District, if applicable	,		
a		Your Position	
Planning Commis	Sion	Commissioner	
▶ If filing for multiple positions, list below or on			
		•	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	one hovi		
☐ State	sile boxy		
		Judge or Court Commissioner (St	
		County of	
City of Milpitas		Other	
3. Type of Statement (Check at least one	hox)		
Annual: The period covered is January 1, 2	•	T Landon Office D / 1 6	
December 31, 2017.	-orr, unough	Leaving Office: Date Left (Check one)	
The period covered is/	through	O The period covered is Januar	v 1, 2017, through the date of
December 31, 2017.	, 	leaving office.	y 1, 2017, amough are date of
Assuming Office: Date assumed/_		O The period covered is	/through
		the date of leaving office.	
Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. Schedule Summary (must complet	(e) > Total number	of manage including the	
Schedules attached	o, Protar Hallings	of pages including this cover page	ge:
Schedule A-1 - Investments - schedule a		.	·
Schedule A-2 - Investments - schedule a	-	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule B - Real Property - schedule a	ليسا	Schedule D - Income - Giffs - schedule	
-or-		Schedule E - Income - Gifts - Travel Pag	/ments - schedule attached
☐ None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY	STATE	ZIP CODE
455 E. Calaveras Blv		-	
DAYTIME TELEPHONE NUMBER	rac. PVII	CA CA CA CA	95035
(408) 946-6199			
I have used all reasonable diligence in preparing therein and in any attached schedules is true and	his statement. I have review	ed this statement and to the best of my kno	wledge the information contained
THE OWN OF THE PROPERTY OF THE PARTY OF THE	complete. I acknowledge th	is is a public document.	J STATE OF THE STA
I certify under penalty of perjury under the lav	is of the State of California	that the foregoing is true and correct.	
Date Signed 47ch 2018	A •	XOLD MALIO	7 \$ 4
(month, day, year)	——— Sig	nature (File the originally signed stateme	nt with your filing official)

SCHEDULE A-1 **Investments**

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
MOHSIN, ZEYA	_

► NAME OF BUSINESS ENTITY	NAME OF DUCINESS THERE
Cisco Systems GENERAL DESCRIPTION OF THIS RUSINESS	► NAME OF BUSINESS ENTITY
25011250	GENERAL DESCRIPTION OF THIS BUSINESS
Networking Company FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 17/_ 17 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED ► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE: //
Comments:	



City Clerk's Office ceived MAR 0 1 2018

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Morris	Demetr	ress		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Milpitas				
Division, Board, Department, District, if a	pplicable	Your Po	sition	
Planning Commission		Comr	nissioner	
► If filing for multiple positions, list belo	w or on an attachment. (Do i	not use acronyms)		
Agency:	X	Positio	n;	
2. Jurisdiction of Office (Check a	at least one box)			
State		∏ Judae	or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		_	·	
B 411 14				
City of				
3. Type of Statement (Check at le	ast one box)			
Annual: The period covered is Jar December 31, 2017.	uary 1, 2017, through		ing Office: Date Left	J
-or- The period covered is December 31, 2017.	/, thro		he period covered is January aving office.	, 1, 2017, through the date of
☐ Assuming Office: Date assumed		O T	he period covered is	/, through
Candidate: Date of Election	and office s	sought, if different than	n Part 1:	
A Sobodula Summary (must a	amplete) T		1	f
4. Schedule Summary (must c Schedules attached	ompietej ► lotai nui	mber of pages in	cluding this cover pag	ge:
Schedule A-1 - Investments - s	chedule attached	Schedule C	· Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – s	chedule attached	Schedule D	Income - Gifts - schedule	attached
Schedule B - Real Property – s	chedule attached	Schedule E	Income – Gifts – Travel Pag	yments - schedule attached
-or ₇				
None - No reportable intere	sts on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CI olic Document)	TY	STATE	ZIP CODE
		ilpitas	CA	95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	6	
	,		and and to the boot of way long	outed as the information contained
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
2/20/15	•		1171	
Date Signed	ar)	Signature	(File the originally signed statement	ent with your filing official.)
Schedules attached Schedule A-1 - Investments - s Schedule A-2 - Investments - s Schedule B - Real Property - s Schedule B - Real Property - s On None - No reportable interes Street (Business or Agency Address Recommended - Purportable in pherein and in any attached schedules is I certify under penalty of perjury und	chedule attached chedule attached chedule attached sts on any schedule Clotic Document) Proceeding this statement. I have true and complete. I acknower the laws of the State of Complete control of the state of Complete chedule.	Schedule C - Schedule D - Schedule E - Sched	Income, Loans, & Business Income – Gifts – schedule Income – Gifts – Travel Page STATE CA Selent and to the best of my known document.	Positions – schedule attached attached yments – schedule attached ZIP CODE 95035 Dividedge the information contained





Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Sandhu Gurdev Dave 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: ___ Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of _____ ☐ Multi-County _ City of Milpitas Other _____ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left _____/___ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is _______, through leaving office. December 31, 2017. O The period covered is ______, through Assuming Office: Date assumed _____/___ the date of leaving office. and office sought, if different than Part 1: _____ Candidate: Date of Election ____ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property – schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 487 BAYVIEW PARK DR. 95035 Milpitas CA DAYTIME TELEPHONE NUMBER gs, sandhy @ hotmail.com (408) 586-9556 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature. (File the originally signed statement with your filing official.)